### Travel Cover Sheet

Traveler/s Name: Sonja Farak Dates of Trip: March 18, 2012 - March 23, 2012 Destination: Dulles, VA When submitting your travel packet please include this cover sheet check off list. Please check the appropriate box which supports your TAF submission. Conference/Meeting Organizer Invite-include specifics why attendance is mandatory Chief of Staff Memo- provide memo Late travel- provide memo if out of state request is three weeks or less Transportation Airfare- provide backup to support TAF request Train fare- provide backup to support TAF request Taxi Fare- provide backup to support TAF request Shuttle/Bus Fare- provide backup to support TAF request Parking Fees- provide backup to support TAF request Ground Transportation- provide backup to support TAF request Lodging Hotel Charges- provide backup to support TAF request Meal Allowance-provide summary of travel rates sheet to support TAF request Other Fees Admissions/Registration Fee/Agenda-provide backup to support TAF request Date: 2/7/2012 Travel Liaisons: Sydney Fuller-Jones Phone: (617) 983-6237 Grace Connolly Approved A&F Director: Date: 🖀

Updated 5/7/2010



Signature of Cabinet Secretary:

Revised 04/01/10

#### THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00 5. Appropriation No.: 4. DEPT/UNIT: 1. Date of Request: 2. Travel Request #: 3, Department/Division: DPH 0294/294 8100-9749 02/07/12 8.a Destination 7. 8. Dates of Travel: Name of Traveler(s): Title(s): Dulles, VA Chemist II (Unit 9) 3/18/2012 - 3/26/2012 Sonja Farak 9. Travel Itinerary and Justification (if travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: Ms. Farak will be traveling to Dulles, V A March 18, 2012 through March 23, 2012 to attend a mandatory training seminar for Forensic Scientists invloyed in the analysis of controlled substances conducted by the Special Testing and Research Laboratory of the Drug Enforcement Adgency (DEA). The purpose of this seminar is to enhance Ms. Farak's skill as a Forensic Scientist. The 5 day training will include knowledge about analyzing different controlled substances, and the chemistry related to the analysis of controlled substances. Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: Date: State/Federal Other 10. Estimated Expenses: Private Personal Funds Funds **Funds** Funds Transportation: (check all that apply) ☐ Rall Bus 2 Air \$587.40 Taxi ☑ Personal Rental Car: State \$37.71 Days Rate/Amount Parking \$ 45,00 \$45.00 118.80 Lodging: 5 \$ \$594.00 Meals: 17.50 5 \$ \$87.50 Other: (please list): Tips Registration Fee \$1,057.61 1486.61 Sub Total(s) \$1,351.61 **Grand Total** 11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: Not Applicable 🔽 12. Privately Subsidized Travel Information: Describe all activities offered and intent to participate: Name of Contact Person: Company: Address: **Business Activity:** Relationship Between Private Party and the Telephone Number: 13. Certifications and Authorizations I hereby certify under the pajes and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Date: 2.7-12 Signature of Traveler: Delegation from Secretary granted. I hereby certify that Signature of Department Head or Designee: Title: Date: Comments Attached Approved With Modifications Disapproved Approved

Date:

THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF) Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00 5. Appropriation No.: 4. DEPT/UNIT: 1. Date of Request: 2. Travel Request #: 3. Department/Division: 0294/294 8100-9749 01/31/12 DPH 8,a Destination Name of Traveler(s): 7. Title(s): 8. Dates of Travel: Hevis Lleshl 03/18/12 - 03/23/12 Dulles, VA Chemist I 9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: Ms. Lleshi will be traveling to Sterling, VA March 18, 2012 through March 23, 2012 to attend a training seminar for Forensic Scientists involved in the analysis of controlled substances conducted by the special testing Laboratory of the Drug Enforcement Agency (DEA). The purpose of this seminar is to enhance Ms. Lieshi's skill as a Forensic Scientist. The five day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances. Supporting documentation, i.e. agendas or brochures, is attached: Signature of Bureau Director/Assistant Commissioner/Hospital Mdastay Date: 2-8-12 Director: 10. Estimated Expenses: Private State/Federal Personal Other Funds Funds Funds Funds Transportation: (check all that apply) Rail Bus \$370.00 Air Taxi ☐ State ☑ Personal Cart Rental \$12.65 Days Rate/Amount Parking 144,00 \$144.00 \$ Lodging: 5 \$ 118,80 \$594.00 1 \$ 87.50 \$87,50 Meals: Other: (please list): Tips Registration Fee \$3.50 \$1,244.65 1346 Sub Total(s)

	Grand To	ital \$1,211.65			
11. Include names of all other travelers (including family non-business component, please describe:	e names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a				
2. Privately Subsidized Travel Information:		Not Applicable ☑			
Name of Contact Person:	Describe all act	lvities offered and intent to participate:			
Company: Address:	······································				

Relationship Between Private Party and the

Date:

13. Certifications and Authorizations I hereby certify under the pains and penalties of perjury	that, to the best of my knowledge, the above	information is true and correct.
Signature of Traveler:	, , , , , , , , , , , , , , , , , , ,	Date: 1/31/2012
I hereby certify that	Del	legation from Secretary granted.
Signature of Department Head or Designee:	Titte;	Date:
Approved Disapproved	Approved With Modifications	Comments Atlached

Telephone Number:

Signature of Cabinet Secretary:

Revised 04/01/10

Farak\_email\_PRR\_001276



Hampton Inn & Suites Washington-Dulles International Airport 22700 Holiday Park Drive, Sterling, Virginia, 20166, USA 1-703-537-7800

#### Reservation Summary

18 Mar 2012 - 23 Mar 2012, 2 rooms for 2 adults

The rooms you've chosen for this reservation are presented below. You may change the rooms, or select 'Continue' to finish your reservation.

ROOM TYPES

Room 1 of 2

Room 2 of 2

1 adult

1 adult

1 KING BED NONSMOKING

1 KING BED NONSMOKING

State Government

State Government

Price per night: \$108.00

Price per night: \$108.00

Taxes: \$10.80

Taxes: \$10.80

View/Change

View/Change

Sate details

Elate details

Would you like to change your rate? Start Over (This will start your room selection process from the beginning.)

Continue

#### **Print Close**

## Hampton Inn & Suites Washington-Dulles International Airport

#### Rate details State Government

Current State or Local Government Employee ID or Travel Orders required at check-in. Includes hot breakfast, HS internet and fitness center. Not applicable if attending a group or convention. Limit 2 rooms per reservation.

#### Room: 1 KING BED NONSMOKING

DATE	Price per night TAX		TOTAL (USD)	
18 Mar 2012	108.00	10.80	118.80	
19 Mar 2012	108.00	10.80	118.80	
20 Mar 2012	108.00	10.80	118.80	
21 Mar 2012	108.00	10.80	118.80	
22 Mar 2012	108.00	10.80	118.80	
Room Subto	tal:		594.00	

#### **Rules & Restrictions**

#### Taxes

· 10.00 % per room per night

#### **Guarantee Policy**

There is a Credit Card required for this reservation.

If you use a debit/credit card to check in, a hold may be placed on your card account for the full anticipated amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such hold may not be released for 72 hours from the date of check-out or longer at the discretion of your card issuer.

#### **Cancellation Policy**

If you wish to cancel, please do so by 6pm, hotel local time, on the day of arrival to avoid cancellation penalties.

At check in, the front desk will verify your check-out date. Rates quoted are based on check-in date and length of stay. Should you choose to depart early, price is subject to change.

We reserve the right to cancel or modify reservations where it appears that a customer has engaged in fraudulent or inappropriate activity or under other circumstances where it appears that the reservations contain or resulted from a mistake or error.

Totals listed here are estimated based on current taxes and exchange rates (if applicable) and do not include additional fees/charges that may be incurred during your stay.

#### Services provided for an additional charge

- · Parking charges: Self parking Complimentary, Outdoor Lot.
- · In-Room Wireless Internet: Complimentary
- · In-Room Wired Internet: Complimentary



Directions to 22624 Dulles Summit Ct, Sterling, VA 20166 2.9 mi – about 7 mins





22700 Holiday Park Dr, Sterling, VA 20166

	1. Head northeast on Holiday Park Dr toward Shaw Rd/State Route 636	go 0.1 mi total 0.1 mi
r	Turn right onto Shaw Rd/State Route 636     About 2 mins	go 0.8 mi total 0.9 mi
(606)	Turn right onto VA-606 W/Old Ox Rd/Sterling Rd     About 4 mins	go 1.7 mi total 2.6 mi
ľ	Turn right onto <b>Dulles Summit Ct</b> Destination will be on the right     About 1 min	go 0.3 mi total 2.9 mi
	22624 Dulles Summit Ct, Sterling, VA 20166	

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route

Map data ©2012 Google

Directions weren't right? Please find your route on maps google.com and click "Report a problem" at the bottom left.

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and Sedan

24 BOURRESERVATIONS

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Rate Breakdown/Service Charges, effective 08/23/2010

\$3,50-First 1/4 mile or part thereof

\$ .50-Each additional 1/4 mile or part thereof

\$1.50-Each additional passenger

\$ .50-Each 80 seconds of waiting time (\$22.50 per hour)

\$2.50-Surchärge when snow emergency is declared

Transportation provided via airline vouchers is restricted to the service and destination authorized by the airline. We must honor the directions given by the airlines or the voucher is void. Any questions relating to these matters must be handled directly with the airline.

Approximate distance and fares from Dulles Airport

Reagan National Airport 28 miles \$61

Virginia Locations Arlington 23 miles \$45 Alexandria 27 miles \$52 Leesburg 18 miles \$41 Charlottesville Airport 93 miles \$191 City of Manassas 18 miles \$38 Manassas Park 16 miles \$37 Middleburg 25 miles \$55 Mount Vernori 38 miles \$81 Pentagon 26 miles \$57 Reston 10 miles \$25 Richmond Airport 128 miles \$261 Rosslyn 23 miles \$50 Tysons Corner 17 miles \$39 Warrenton 33 miles \$71 West Falls Church Metro Station 19 miles \$40 Winchester 60 miles \$125 Woodbridge 31 miles \$67

Maryland Locations

Andrews Air Force Base 45 miles \$95 Bethesda 25 miles \$55 BWI Airport 58 miles \$121

3 miles \*\*5 mile Hompton Inn -> DEA Lab \* Z, M-Th, \* L F 115 trip + 9= 4135



(e/Allle7002/45) EST (STILL 2/4) HOUR PRESERVATIONS

 $(93) \cdot (93)$ 

and Sedan

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Floring Spilling Expressions (Cons. Above 6)

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2/13/2012